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**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/016,449
Filing Date	December 10, 2001
First Named Inventor	Robert T. BAILIS et al.
Art Unit	2133
Examiner Name	John F. Tabone, Jr.
Attorney Docket Number	RPS920010127US1/2280P

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114

a. Previously submitted

- i. Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____ (Any unentered amendment(s) referred to above will be entered).
- ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. Other _____

b. Enclosed

- i. Preliminary Amendment
- ii. Affidavit(s)/Declaration(s)
- iii. Information Disclosure Statement (IDS)
- iv. Other _____

2. Miscellaneous

- a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. Other _____

3. Fees The RCE fee under 37 CFR 1.17(c) is required by 37 CFR 1.114 when the RCE is filed.

- a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-0563 (IBM Corporation)
 - i. RCE fee required under 37 CFR 1.17(e)
 - ii. Extension of time fee (37 CFR 1.136 and 1.17)
 - iii. Other _____
- b. Check in the amount of \$ _____ enclosed
- c. Payment by credit card (Form PTO-2038 enclosed)

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CENTRAL FAX CENTER

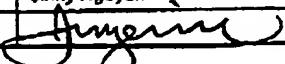
AUG 19 2005

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Kelvin M. Vivian, Reg. No. 33727
Signature	
Date	August 19, 2005

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being faxed to Examiner John J. Tabone, Jr. (703-872-9306) at the USPTO on August 19, 2005.

Type or printed name	Jinny Nguyen
Signature	

United States Patent and Trademark Office
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08/29/2005 KWATSON 00000003 500563 10016449

01 FC:1801 790.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application Number

10/016-449

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	15	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20 =	
INDEPENDENT CLAIMS	7 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY
RATE	FEES	RATE
BASIC FEE	370.00	OR BASIC FEE
X\$ 9=		X\$18=
X42=		X84=
+140=		+280=
TOTAL		TOTAL <i>[initials]</i>

* If the difference in column 1 is less than zero, enter "0" in column 2

9-17-04

CLAIMS AS AMENDED - PART II

AMENDMENT A		(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 15	Minus	-- 20 • 0
	Independent	• 2	Minus	-- 3 • 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	RATE
X\$ 9=		X\$18=
X42=		X84=
+140=		+280=
TOTAL ADDT. FEE		TOTAL ADDT. FEE <i>[initials]</i>

6-21-05

AMENDMENT B		(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 13	Minus	-- 20 • -
	Independent	• 2	Minus	-- 3 • -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	<i>[initials]</i>

8-19-05

AMENDMENT C		(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 11	Minus	-- 20 • -
	Independent	• 3	Minus	-- 5 • -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	<i>[initials]</i>

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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